

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/673,958
Filing Date	29 Sep 2003
First Named Inventor	Jones IV, Vincent K.
Group Art Unit	2616
Examiner Name	Alexander O. Boakye
Attorney Docket Number	CISCO-8280

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Being paid (EFS/Credit card)	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Remarks
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT/ CORRESPONDENCE ADDRESS

Firm or Individual name	Dov Rosenfeld, Reg. No. 38687
Signature	/Dov Rosenfeld/ #38687
Date	November 8, 2007

ADDRESS FOR CORRESPONDENCE

Firm or Individual name	Dov Rosenfeld 5507 College Avenue, Suite 2, Oakland, CA 94618, Tel: 510-547-3378
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Jones IV, *et al.*

Application No.: 10/673,958

Filed: September 29, 2003

Title: DIFFERENTIAL OFDM USING
MULTIPLE RECEIVER ANTENNAS

Group Art Unit: 2616

Examiner: Alexander O. Boakye

TRANSMITTAL: RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

Transmitted herewith is a response to an office action for the above referenced application.

Applicant(s) believe(s) that no Extension of Time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for an extension of time.

If an additional extension of time is required, please consider this as a petition therefor.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

Any missing filing fees required for any reason, e.g., under 37 CFR 1.16 for presentation of additional claims.

Any missing extension or petition fees required under 37 CFR 1.17.

Respectfully Submitted,

November 8, 2007

Date

/Dov Rosenfeld/ #38687

Dov Rosenfeld, Reg. No. 38687

Address for correspondence:

Dov Rosenfeld

5507 College Avenue, Suite 2,

Oakland, CA 94618

Tel. 510-547-3378; Fax: +1-510-291-2985

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